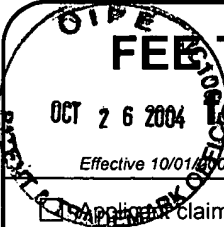
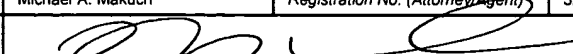


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div>	<div style="text-align: right; font-weight: bold; font-size: small;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/019,227</td></tr> <tr><td>Filing Date</td><td>April 17, 2002</td></tr> <tr><td>First Named Inventor</td><td>Hiroaki SAEKI, et al.</td></tr> <tr><td>Examiner Name</td><td>S. Bratlie</td></tr> <tr><td>Art Unit</td><td>3652</td></tr> <tr><td>Attorney Docket No.</td><td>33082M113</td></tr> </table>	Application Number	10/019,227	Filing Date	April 17, 2002	First Named Inventor	Hiroaki SAEKI, et al.	Examiner Name	S. Bratlie	Art Unit	3652	Attorney Docket No.	33082M113
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TOTAL AMOUNT OF PAYMENT (\$) 1770.00													

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input checked="" type="checkbox"/> Deposit Account: <div style="margin-top: 10px;"> Deposit Account Number: 02-4300 Deposit Account Name: Smith, Gambrell & Russell </div> <p style="font-size: x-small;">The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>	<h3 style="margin: 0;">3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Michael A. Makuch	Registration No. (Attorney/Agent)	32,263	Telephone	(202) 263-4300
Signature				Date	October 26, 2004

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